

2016 Dental Benefits Comparison

For information on specific benefits and exclusions, refer to the dental plan's certificate of coverage or contact the plan directly. A PPO refers to a preferred-provider organization (network).

Annual Costs	Preferred-provider plan	Managed-care plans	
	Uniform Dental Plan (UDP) <i>(Group 3000 Delta Dental PPO)</i>	DeltaCare <i>(Group 3100)</i>	Willamette Dental Group
Deductible	\$50/person, \$150/family	None	
Plan maximum (See specific benefit maximums below.)	You pay amounts over \$1,750	No general plan maximum	

Benefits	Preferred-provider plan	Managed-care plans	
	Uniform Dental Plan (UDP) <i>(Group 3000 Delta Dental PPO)</i>	DeltaCare <i>(Group 3100)</i>	Willamette Dental Group
	You pay after deductible:	You pay:	
Dentures	50% PPO and out of state; 60% non-PPO	\$140 for complete upper or lower	
Root canals (endodontics)	20% PPO and out of state; 30% non-PPO	\$100 to \$150	
Nonsurgical TMJ	30% of costs until plan has paid \$500 for PPO, out of state, or non-PPO; then any amount over \$500 in member's lifetime	DeltaCare: 30% of costs, then any amount after plan has paid \$1,000 per year, then any amount over \$5,000 in member's lifetime Willamette Dental Group: Any amount over \$1,000 per year and \$5,000 in member's lifetime	
Oral surgery	20% PPO and out of state; 30% non-PPO	\$10 to \$50 to extract erupted teeth	
Orthodontia	50% of costs until plan has paid \$1,750 for PPO, out of state, or non-PPO, then any amount over \$1,750 in member's lifetime (deductible doesn't apply)	Up to \$1,500 copay per case	
Orthognathic surgery	30% of costs until plan has paid \$5,000 for PPO, out of state, or non-PPO; then any amount over \$5,000 in member's lifetime	30% of costs until plan has paid \$5,000; then any amount over \$5,000 in member's lifetime	
Periodontic services (treatment of gum disease)	20% PPO and out of state; 30% non-PPO	\$15 to \$100	
Preventive/diagnostic (deductible doesn't apply)	\$0 PPO; 10% out of state; 20% non-PPO	\$0	
Restorative crowns	50% PPO and out of state; 60% non-PPO	\$100 to \$175	
Restorative fillings	20% PPO and out of state; 30% non-PPO	\$10 to \$50	

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